# Five-Hundred Life-Saving Interventions and Their Cost-Effectiveness

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We gathered information on the cost-effectiveness of life-saving interventions in the United States from publicly available economic analyses. "Life-saving interventions" were defined as any behavioral and/or technological strategy that reduces the probability of premature death among a specified target population. We defined cost-effectiveness as the net resource costs of an intervention per year of life saved. To improve the comparability of cost-effectiveness ratios arrived at with diverse methods, we established fixed definitional goals and revised published estimates, when necessary and feasible, to meet these goals. The 587 interventions identified ranged from those that save more resources than they cost, to those costing more than 10 billion dollars per year of life saved. Overall, the median intervention costs \$42,000 per life-year saved. The median medical intervention costs \$19,000/life-year; injury reduction \$48,000/life-year; and toxin control \$2,800,000/life-year. Cost/life-year ratios and bibliographic references for more than 500 life-saving interventions are provided.

KEY WORDS: Cost-effectiveness; economic evaluation; life-saving; resource allocation.

## 1. INTRODUCTION

Risk analysts have long been interested in strategies that can reduce mortality risks at reasonable cost to the public. Based on anecdotal and selective comparisons, analysts have noted that the cost-effectiveness of risk-reduction opportunities varies enormously, often over several orders of magnitude.<sup>(1-5)</sup> This kind of variation is

unnerving because economic efficiency in promoting survival requires that the marginal benefit per dollar spent be equal across investments.

Despite continuing interest in cost-effectiveness, we could find no comprehensive and accessible data set on the estimated costs and effectiveness of risk management options. Such a dataset could provide useful comparative information for risk analysts as well as practical information for decision makers who must allocate scarce resources. To this end, we report cost-effectiveness ratios for more than 500 life-saving interventions across all sectors of American society.

#### 2. METHODS

#### 2.1. Literature Review

We performed a comprehensive search for publicly available economic analyses of life-saving interventions.

Center for Health Policy Research and Education, Duke University, 125 Old Chemistry Building, Box 90253, Durham, North Carolina 27708.

Simmons College, School of Social Work, Boston, Massachusetts.

Industrial Engineering and Management, Ben-Gurion University of the Negev, Israel.

The Health Institute, New England Medical Center, Boston, Massachusetts.

Maternal and Child Health, Harvard School of Public Health, Boston, Massachusetts.

Health Policy and Management, Harvard School of Public Health, Boston, Massachusetts.

Center for Risk Analysis, Harvard School of Public Health, Boston, Massachusetts.

"Life-saving interventions" were defined as any behavioral and/or technological strategy that reduces the probability of premature death among a specified target population. To identify analyses we used several on-line databases, examined the bibliographies of textbooks and review articles, and obtained full manuscripts of conference abstracts. Analyses retained for review met the following three criteria: (1) written in the English language, (2) contained information on interventions relevant to the United States, and (3) reported cost per year of life saved, or contained sufficient information to calculate this ratio. Most analyses were scientific journal articles or government regulatory impact analyses, but some were internal government memos, reports issued by research organizations, or unpublished manuscripts.

Two trained reviewers (from a total of 11 reviewers) read each document. Each reviewer recorded 52 items, including detailed descriptions of the nature of the life-saving intervention, the baseline intervention to which it was compared, the target population at risk, and cost per year of life saved. The two reviewers worked independently, then met and came to consensus on the content of the document.

Approximately 1200 documents were identified for retrieval. Of these 1200 documents, 229 met our selection criteria. The 229 documents contained sufficient information for reviewers to calculate cost/life-year saved for 587 interventions.

## 2.2. Definitional Goals

To increase the comparability of cost-effectiveness estimates drawn from different economic analyses, we established seven definitional goals. When an estimate failed to comply with a goal, reviewers attempted to revise the estimate to improve compliance. In general, reviewers used only the information provided in the document to revise estimates. The seven definitional goals were:

- Cost-effectiveness estimates should be in the form of "cost per year of life saved." Cost/life saved estimates should be transformed to cost/life-year by considering the average number of years of life saved when a premature death is averted.
- <sup>8</sup> Appendices describing the cost-effectiveness formulas used to operationalize these definitional goals, along with some examples of the calculations made by reviewers of the economic analyses, are available from Dr. Tengs.

- 2. Costs and effectiveness should be evaluated from the societal perspective.
- 3. Costs should be "direct." Indirect costs, such as foregone earnings, should be excluded.
- 4. Costs and effectiveness should be "net." Any resource savings or mortality risks induced by the intervention should be subtracted out.9
- 5. Future costs and life-years saved should all be discounted to their present value at a rate of 5%.
- 6. Cost-effectiveness ratios should be marginal or "incremental." Both costs and effectiveness should be evaluated with respect to a well-defined baseline alternative.
- 7. Costs should be expressed in 1993 dollars using the general consumer price index.

## 2.3. Categorization

Interventions were classified according to a fourway typology. (1) Intervention Type (Fatal Injury Reduction, Medicine, or Toxin Control), (2) Sector of Society (Environmental, Health Care, Occupational, Residential, or Transportation), (3) Regulatory Agency (CPSC, EPA, FAA, NHTSA, OSHA, or None), and (4) Prevention Stage (Primary, Secondary, or Tertiary).

Interventions we classified as primary prevention are designed to completely avert the occurrence of disease or injury; those classified as secondary prevention are intended to slow, halt, or reverse the progression of disease or injury through early detection and intervention; and interventions classified as tertiary prevention include all medical or surgical treatments designed to limit disability after harm has occurred, and to promote the highest attainable level of functioning among individuals with irreversible or chronic disease. (6)

#### 3. RESULTS

Cost-effectiveness estimates for more than 500 life saving interventions appear in Appendix A. This table is separated into three sections according to the type of intervention: Fatal Injury Reduction, Toxin Control, and Medicine. The first column of Appendix A contains thereference number assigned to the document from which the cost-effectiveness estimate was drawn (references and in Appendix B.) The second column contains a very brief description of the life-saving intervention.

<sup>9</sup> If savings exceed costs, the result could be negative, so that the cost effectiveness ratio might be ≤\$0.

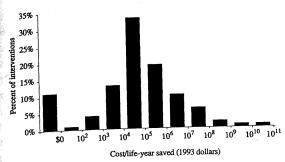


Fig. 1. Distribution of cost/life-year saved estimates (n = 587).

baseline intervention to which the life-saving intervention was compared appears parenthetically as "(vs. \_\_\_\_)" when the author described it. The last column of Appendix A contains the cost per year of life saved in 1993 dollars.

As shown in Fig. 1, these interventions range from those that save more resources than they consume, to those costing more than 10 billion dollars per year of life saved. Furthermore, variation over 11 orders of magnitude exists in almost every category.

In addition to the large variation within categories, variation in cost-effectiveness also exists between categories. As summarized in Table I, while the median intervention described in the literature costs \$42,000 per life-year saved (n = 587), the median medical intervention costs \$19,000/life-year (n = 310); the median injury reduction intervention costs \$48,000/life-year (n = 133); and the median toxin control intervention costs \$2,800,000/life-year (n = 144).

Cost-effectiveness also varies as a function of the sector of society in which the intervention is found. For example, as shown in Table I, the median intervention in the transportation sector costs \$56,000/life-year saved (n=87), while the median intervention in the occupational sector costs \$350,000/life-year (n=36). Further dividing occupational interventions into those that avert fatal injuries and those that involve the control of toxins, reveals medians of \$68,000/life-year (n=16) and \$1,400,000/life-year (n=20), respectively.

As noted in Table II, the median cost-effectiveness estimate among those interventions classified as primary prevention is \$79,000/life-year saved (n = 373), exceeding secondary prevention at \$23,000/life-year (n = 111) and tertiary prevention at \$22,000/life-year (n = 103). However, if medicine is considered in isolation, we find that primary prevention is more cost-effective that secondary or tertiary prevention at \$5,000/life-year (n = 96).

Table I. Median of Cost/Life-Year Saved Estimates as a Function of Sector of Society and Type of Intervention

	Type of intervention			
Sector of society	Medicine	Fatal injury reduction	Toxin control	All
Health care	\$19,000	N/Aª	N/A	\$19,000
	(n=310)			(n=310)
Residential	N/A	\$36,000	N/A	\$36,000
100144		(n=30)		(n=30)
Transportation	N/A	\$56,000	N/A	\$56,000
Transportation		(n=87)		(n=87)
Occupational	N/A	\$68,000	\$1,400,000	\$350,000
Occupational	2.1.2-	(n=16)	(n=20)	(n=36)
Environmental	N/A	N/A	\$4,200,000	\$4,200,000
Ellyllollilichtai	1 1/1 2		(n=124)	(n=124)
All	\$19,000	\$48,000	\$2,800,000	\$42,000
AII	(n=310)	(n=133)	(n=144)	(n=587)

<sup>&</sup>lt;sup>a</sup> Not applicable by definition.

Table II. Median of Cost/Life-Year Saved Estimates as a Function of Prevention Stage and Type of Intervention

		Type of in	tervetion	
Prevention stage	Medicine	Fatal injury reduction	Toxin control	All
Primary	\$5,000 (n=96)	\$48,000 (n=133)	\$2,800,000 (n=144)	\$79,000 (n=373)
Secondary	\$23,000	N/A	N/A	\$23,000 $(n=111)$
Tertiary	(n=111) \$22,000 (n=103)	N/A	N/A	\$22,000 $(n=103)$
All	\$19,000 $(n=310)$	\$48,000 (n=133)	\$2,800,000 (n=144)	\$42,000 $(n=587)$

The median cost-effectiveness of proposed government regulations for which we have data also varies considerably. Medians for each agency are as follows: Federal Aviation Administration, \$23,000/life-year (n = 4); Consumer Product Safety Commission, \$68,000/life-year (n = 11); National Highway Traffic Safety Administration, \$78,000/life-year (n = 31); Occupational Safety and Health Administration, \$88,000/life-year (n = 16); and Environmental Protection Agency, \$7,600,000/life-year (n = 89).

#### 4. LIMITATIONS

This compilation of existing data represents the most ambitious effort ever undertaken to amass cost-effectiveness information across all sectors of society. In

addition, our work to bring diverse estimates into compliance with a set of definitional goals has improved the comparability of cost-effectiveness estimates that were originally derived by different authors using a variety of methods. Nevertheless, several caveats are warranted to aid the reader in interpreting these results.

First, the accuracy of the results presented herein is limited by the accuracy of the data and assumptions upon which the original analyses were based. There remains considerable uncertainty and controversy about the cost consequences and survival benefits of some interventions. This is particularly true for toxin control interventions where authors often extrapolate from animal data. In addition, due to insufficient information in some economic analyses, reviewers were not always successful in bringing estimates into conformity with definitional goals. For example, if the original author did not report the monetary savings due to the reduction in nonfatal injuries requiring treatment, we were unable to "net out" savings, and so the costs used to calculate costeffectiveness ratios remain gross. While some of these omissions are important, others are largely inconsequential given the relative size of cost and effectiveness estimates.

Second, the life-saving interventions described in this report include those that are fully implemented, those that are only partially implemented, and those that are not implemented at all. These interventions are best thought of as opportunities for investment. While they may offer insight into actual investments in life-saving, the cost-effectiveness of possible and actual investments are not equivalent. Work on the economic efficiency of actual expenditures is in progress.<sup>(7)</sup>

Third, this dataset may not represent a random sample of all life-saving interventions, so the generalizability of any descriptive statistics may be limited. This is be-

cause interventions that have been subjected to economic analysis may not represent a random sample of all life-saving interventions due, for example, to publication bias. That is, those economic analyses that researchers have chosen to perform and journal editors have chosen to publish may be disproportionately expensive or inexpensive. However, the statistics presented herein are certainly applicable to the 587 life-saving interventions in our dataset which by themselves comprise a vast and varied set, worthy of interest even without generalization.

Finally, we recognize that many of these interventions have benefits other than survival, as well as adverse consequences other than costs. For example, interventions that reduce fatal injuries in some people may also reduce nonfatal injuries in others; interventions designed to control toxins in the environment may have short-term effects on survival, but also long-term cumulative effects on the ecosystem; medicine and surgery may increase quantity of life, while simultaneously increasing (or even decreasing) quality of life.

#### 5. CONCLUSIONS

This compilation of available cost-effectiveness data reveals that there is enormous variation in the cost of saving one year of life and these differences exist both within and between categories. Such a result is important because efficiency in promoting survival requires that the marginal benefit per dollar spent be the same across programs. Where there are investment inequalities, more lives could be saved by shifting resources. It is our hope that this information will expand the perspective of risk analysts while aiding future resource allocation decisions.

# APPENDIX A. FIVE-HUNDRED LIFE-SAVING INTERVENTIONS AND THEIR COST-EFFECTIVENESS

Ref no.a	Life-saving intervention <sup>b</sup>	Cost/life-year
	Fatal injury reduction	
Airplane s	afety	\$16,000
174	Automatic fire extinguishers in airplane lavatory trash receptacles	\$17,000
173	Fiberglass fire-blocking airplane seat cushions	\$30,000
174	Smoke detectors in airplane lavatories	\$54,000
172	Emergency signs, floor lighting etc. (vs. upper lighting only) in airplanes	\$34,000
Automobi	le design improvements  Install windshields with adhesive bonding (vs. rubber gaskets) in cars	≤ \$0
190	Install Windshields With addressive boliding (vs. rubber gaskets) in cars	\$13,000
	Dual master cylinder braking system in cars Automobile dummy acceleration (vs. side door strength) tests	\$63,000
1128	Automobile dummy acceleration (vs. side door strength) tests	\$67,000
299	Collapsible (vs. traditional) steering columns in cars Side structure improvements in cars to reduce door intrusion upon crash	\$110,000
189	Side structure improvements in cars to reduce door intrusion upon order	\$240,000
52 299	Front disk (vs. drum) brakes in cars Dual master cylinder braking system in cars	\$450,000
Automob	ile occupant restraint systems	- 00
1129	Driver automatic (vs. manual) belts in cars	≤ \$0
59	Mandatory seat belt use law	\$69
175	Mandatory seat belt use and child restraint law	\$98
67	Driver and passenger automatic shoulder belt/knee pads (vs. manual belts) in cars	\$1,300
59	Driver and passenger automatic shoulder/manual lap (vs. manual lap) belts in cars	\$5,400
67	Airbag/manual lap belts (vs. manual lap belts only) in cars	\$6,700
2	Airbag/lap belts (vs. lap/shoulder belts)	\$17,000
56	Driver and passenger automatic (vs. manual) belts in cars	\$32,000
1120	Driver airbag/manual lap belt (vs. manual lap/shoulder belt) in cars	\$42,000
1129	Driver and passenger airbags/manual lap belts (vs. airbag for driver only and belts)	\$61,000
59	Driver and passenger airbags/manual lap belts (vs. manual lap belts only) in cars	\$62,000
68	Child restraint systems in cars	\$73,000
1127	Rear outboard lap/shoulder belts in all (vs. 96%) cars	\$74,000
56	Airbags (vs. manual lap belts) in cars	\$120,000
1127	Rear outboard and center (vs. outboard only) lap/shoulder belts in all cars	\$360,000
Construc	tion safety	≤ \$0
	Full (vs. partial) compliance with 1971 safety standard for concrete construction	≤ \$0
1137	1988 (vs. 1971) safety standard for concrete construction	\$30,000
	1989 (vs. no) safety standard for underground construction	\$30,000
909	1989 (vs. 1972) safety standard for underground construction	\$30,000
1132	1989 safety standard for underground gassy construction	\$46,000
1132	Revised safety standard for underground non-gassy construction	\$170,000
106	Install canopies on underground equipment in coal mines Safety standard to prevent cave-ins during excavations at construction sites	\$190,000
910	Full compliance with 1989 (vs. partial with 1971) safety standard for trenches	\$350,000
1165 1165	Full (vs. partial) compliance with 1971 safety standard for trenches	\$400,000
Fire, hea	t, and smoke detectors	- 44.
193	Federal law requiring smoke detectors in homes	≤ \$0
13	Fire detectors in homes	≤ \$0 \$000
306	Federal law requiring smoke detectors in homes	\$920
19	Smoke and heat detectors in homes	\$8,100
19	Smoke and heat detectors in bedroom area and basement stairwell	\$150,000
303	Smoke detectors in homes	\$210,000
Fire pres	vention and protection, other Child-resistant cigarette lighters	\$42,000
Flamma	oility standards Flammability standard for children's sleepwear size 0–6X	≤ \$
200	HISTOTINATURE SIMILIANU TOI CHILLICII 5 SICCEPWOLL SIZO V VZL	
292 306	Flammability standard for upholstered furniture	\$30

o.ª Life	saving intervention <sup>b</sup>	Cost/life-year
372	Flammability standard for upholstered furniture	\$68,000
12	Flammability standard for children's sleepwear size 7-14	\$160,000
292	Flammability standard for children's clothing size 0-6X	\$220,000
292	Flammability standard for children's clothing size 7–14	\$15,000,000
Helmet	promotion	
31	Mandatory motorcycle helmet laws	≤ \$0
186	Federal mandatory motorcycle helmet laws (vs. state determined policies)	\$2,000
175	Mandatory motorcycle helmet laws	\$2,000
1006	Promote voluntary helmet use while riding All-Terrain Vehicles	\$44,000
	y improvement	
	Grooved pavement on highways	\$29,000
1105	Decrease utility pole density to 20 (vs 40) poles per mile on rural roads	\$31,000
747	Channelized turning lanes at highway intersections	\$39,000
747	Flashing lights at rail-highway crossings	\$42,000
747	Flashing lights and gates at rail-highway crossings	\$45,000
747	Widen existing bridges on highways	\$82,000
1107	Widen shoulders on rural two-lane roads to 5 (vs. 2) feet	\$120,000
1105	Breakaway (vs. existing) utility poles on rural highways	\$150,000
1107	Widen lanes on rural roads to 11 (vs. 9) feet	\$150,000
1105	Relocate utility poles to 15 (vs. 8) feet from edge of highway	\$420,000
_	ack design improvements	
1091	Ceilings of 0–6000 lb light trucks withstand forces of 1.5 × vehicle's weight	\$13,000
1091	Ceilings of 0–10,000 lb light trucks withstand forces of 1.5 × vehicle's weight	\$14,000
1091	Ceilings of 0–8500 lb light trucks withstand forces of 1.5 × vehicle's weight	\$78,000
1091	Ceilings of 0–10,000 lb light trucks withstand 5000 lb of force	\$170,000
1126 1091	Side door strength standard in light trucks to minimize front seat intrusion	\$190,000
1126	Ceilings of 0–6000 lb light trucks withstand 5000 lb of force Side door strength standard in light trucks to minimize back seat intrusion	\$1,100,000 \$10,000,000
Light to	ick occupant restraint systems	+ - · , · · · · · ·
1089	Driver and passenger nonmotorized automatic (vs. manual) belts in light trucks	¢14.000
834	Push-button release and emergency locking retractors on truck and bus seat belts	\$14,000
1089	Driver and passenger motorized automatic (vs. manual) belts in light trucks	\$14,000 \$50,000
1089	Driver airbag (vs. manual lap/shoulder belt) in light trucks	\$50,000 \$56,000
1089	Driver and passenger airbags (vs. manual lap/shoulder belts) in light trucks	\$56,000 \$67,000
Natural o	lisaster preparedness	,
1221	Soils testing and improved site-grading in landslide-prone areas	≤ \$0
1221	Ban residential growth in tsunami-prone areas	<b>≤</b> \$0
710	Strengthen unreinforced masonry San Francisco bldgs to LA standards	\$21,000
710	Strengthen unreinforced masonry San Francisco bldgs to beyond LA standards	\$1,000,000
1221	Triple the wind resistance capabilities of new buildings	\$2,600,000
1221	Construct sea walls to protect against 100-year storm surge heights	\$5,500,000
1221	Strengthen buildings in earthquake-prone areas	\$18,000,000
School b	us safety	
1124	Seat back height of 24" (vs. 20") in school buses	\$150,000
1124	Crossing control arms for school buses	\$410,000
1124	Signal arms on school buses	\$430,000
1124	External loud speakers on school buses	\$590,000
1124	Mechanical sensors for school buses	\$1,200,000
1124	Electronic sensors for school buses	\$1,500,000
1124	Seat belts for passengers in school buses	\$2,800,000
1124	Staff school buses with adult monitors	\$4,900,000
Speed lin	nit	
9	National (vs. state and local) 55 mph speed limit on highways and interstates	\$6,600
	Full (vs. 50%) enforcement of national 55 mph speed limit	\$16,000

o.a Life-	saving intervention <sup>b</sup>	Cost/life-ye
353	National (vs. state and local) 55 mph speed limit on highways and interstates	\$30,000
185	National (vs. state and local) 55 mph speed limit on highways	\$59,000
2	National (vs. state and local) 55 mph speed limit	\$89,000
185	National (vs. state and local) 55 mph speed limit on rural interstates	\$510,000
Traffic s	afety education	
175	Driver improvement schools (vs. suspending/revoking license) for bad drivers	≤ \$0
175	Media campaign to increase voluntary use of seat belts	\$310
175	Public pedestrian safety information campaign	\$500
175	Improve traffic safety information for children grades K-12	\$710
175	Motorcycle rider education program	\$5,700
175	Improve motorcycle testing and licensing system	\$8,700
157	Improve basic driver training	\$20,000
175	Alcohol safety programs for drunk drivers	\$21,000
175	Multimedia retraining courses for injury-prone drivers	\$23,000
175	Improve educational curriculum for beginning drivers	\$84,000 \$180,000
175	First aid training for drivers	\$280,000
1124	Improve pedestrian education programs for school bus passengers grades K-6	· · · · · · · · · · · · · · · · · · ·
175	Warning letters sent to problem drivers	\$720,000
	inspection	\$1,500
864	Random motor vehicle inspection	\$20,000
	Compulsory annual motor vehicle inspection	\$21,000
	Periodic motor vehicle inspection Periodic motor vehicle inspection	\$57,000
	Periodic inspection of motor vehicle sample focusing on critical components	\$390,000
175 175	Periodic motor vehicle inspection	\$1,300,000
Injury re	eduction interventions, miscellaneous	
102	Terminate sale of three-wheeled All-Terrain Vehicles	≤ \$0
175	Require front and rear lights to be on when motorcycle is in motion	\$1,100
175	Selective traffic enforcement programs at high-risk times and locations	\$5,200
217	Insulate omnidirectional CB antennae to avert electrocution	\$8,500
311	Oxygen depletion sensor systems for gas space heaters	\$13,000
863	Require employers to ensure employees' motor vehicle safety	\$25,000
372	"American" oxygen depletion sensor system for gas space heaters	\$51,000
1160	Workplace practice standard for electric power generation operation	\$59,000
175	Pedestrian and bicycle visibility enhancement programs	\$73,000
315	Lock out or tag out of machinery in repair	\$99,000
372	"French" oxygen depletion sensor system for gas space heaters	\$130,000
1005	Redesign chain saws to reduce rotational kickback injuries	\$230,000
101	Ground fault circuit interrupters	\$1,100,000
468	Ejection system for the Air Force B-58 bomber	\$1,200,000
1161	Equipment, work practices, and training standard for hazardous waste cleanup	\$2,000,000
	Toxin control	
Arsenic	control	
497	Arsenic emission standard (vs. capture and control) at high-emit copper smelters	\$36,000
1216	Arsenic emission control at high-emitting copper smelters	\$74,000
497	Arsenic emission standard (vs. capture and control) at glass plants	\$2,300,000
1183	Arsenic emission control at low-emitting ASARCO/El Paso copper smelter	\$2,600,000
1216		\$2,900,000
497	Arsenic emission standard (vs. capture and control) at low-emit copper smelters	\$3,900,000
881	Arsenic emission control at secondary lead plants	\$7,600,000
1216	Arsenic emission control at low-emitting copper smelters	\$16,000,000
1183	Arsenic emission control at low-emitting copper smelters	\$29,000,000
881	Arsenic emission control at primary copper smelters	\$30,000,000
	Arsenic emission control at glass manufacturing plants	\$51,000,000

LII U	aving intervention <sup>b</sup>	
	Arsenic emission control at low-emitting Copper Range/White Pine copper smelter	\$890,000,000
Asbestos		400,000
	Ban asbestos in brake blocks	\$29,000
819	Asbestos exposure standard of 1.0 (vs. 2.0) fibers/cc in asbestos cement industry	\$55,000
881	Ban asbestos in pipeline wrap	\$65,000
	Ban asbestos in specialty paper	\$80,000
651	Ban products containing asbestos (vs. 0.2 fibers/cc standard)	\$220,000
651	Phase in ban of products containing asbestos (vs. 0.2 fibers/cc standard)	\$240,000
	Asbestos exposure standard of 1.0 (vs. 2.0) fibers/cc in textile industry	\$400,000
819	Asbestos exposure standard of 0.2 (vs. 2.0) fibers/cc in ship repair industry	\$410,000
387	Asbestos exposure standard of 0.2 (vs. 2.0) nocioree in stap 1-para del	\$550,000
881	Ban asbestos in roofing felt	\$580,000
881	Ban asbestos in friction materials	\$790,000
881	Ban asbestos in non-roofing coatings	\$920,000
881	Ban asbestos in millboard Asbestos exposure standard of 0.2 (vs. 0.5) fibers/cc in friction products industry	\$1,200,000
819	Asbestos exposure standard of 0.2 (vs. 0.5) fibers/cc in cement industry	\$1,900,000
819	Asbestos exposure standard of 0.2 (vs. 0.5) fibers/cc in cement industry	\$2,000,000
881	Ban asbestos in beater-add gaskets	\$2,700,000
881	Ban asbestos in clutch facings	\$5,200,000
881	Ban asbestos in roof coatings	\$5,700,000
881	Ban asbestos in sheet gaskets	\$5,700,000
881	Ban asbestos in packing	\$6,800,000
819	Ban products containing asbestos (vs. 0.5 fibers/cc) in textile industry	\$8,200,000
881	Ban asbestos in reinforced plastics	\$15,000,000
881	Ban asbestos in high grade electrical paper	\$29,000,000
387	Asbestos exposure standard of 0.2 (vs. 2.0) fibers/cc in construction industry	\$34,000,000
881	Ban ashestos in thread, varn, etc.	\$41,000,000
819	Asbestos exposure standard of 1.0 (vs. 2.0) fibers/cc in friction products industry	
881	Ban asbestos in sealant tape	\$49,000,000
881	Ban asbestos in automatic transmission components	\$66,000,000
881	Ban asbestos in acetylene cylinders	\$350,000,000
881	Ban asbestos in missile liner	\$420,000,000
881	Ban asbestos in diaphragms	\$1,400,0000,000
Benzene	control	\$76,000
1139	Benzene exposure standard of 1 (vs. 10) ppm in rubber and tire industry	\$230,000
881	Control of new benzene fugative emissions	
881		\$240,000
721	Benzene exposure standard of 1 (vs. 10) ppm	\$240,000
881	Benzene emission control at pharmaceutical manufacturing plants	\$460,000
881	Penzene emission control at coke by-product recovery plants	\$1,400,000
1139	1 1 C1 ( 10) mm in cole and coal chemicals indistry	\$3,000,000
881	Benzene emission control during transfer operations	\$4,100,000
	Control of benzene storage vessels	\$14,000,000
881	Benzene emission control at ethylbenzene/styrene process vents	\$14,000,000
991	Benzene emission control during waste operations	\$19,000,000
991	Benzene emission control at maleic anhydride plants	\$20,000,000
001	Benzene emission control at service stations storage vessels	\$91,000,000
001	Control of benzene equipment leaks	\$98,000,000
001	Benzene emission control at chemical manufacturing process vents	\$180,000,000
881	Benzene emission control at bulk gasoline plants	\$230,000,000
881	Benzene emission control at chemical manufacturing process vents	\$530,000,000
881 881	Benzene emission control at rubber tire manufacturing plants	\$20,000,000,000
Chlorin		#3.100
42	Chlorination of drinking water	\$3,100
42	and the state of t	\$4,200
	d coke oven emissions control	≤ \$0

.a Life-s	saving intervention <sup>b</sup>	Cost/life-
	Coal-fired power plants emission control through coal beneficiation etc.	\$37,000
745	Coke oven emission standard for iron- or steel-producing plants	\$130,000
745	Acrylonitrile emission control via best available technology	\$9,000,000
	ehyde control	
716	Ban urea-formaldehyde foam insulation in homes	\$11,000
311	Ban urea-formaldehyde foam insulation in homes	\$220,000
1164	Formaldehyde exposure standard of 1 (vs. 3) ppm in wood industry	\$6,700,000
Lead con	ntrol	~ ¢0
1217	Reduced lead content of gasoline from 1.1 to 0.1 grams per leaded gallon	≤ \$0
1,3 Buta	diene control	\$340,000
1138	1,3 Butadiene exposure standard of 10 (vs. 1000) ppm PEL in polymer plants	\$770,000
1138	1,3 Butadiene exposure standard of 2 (vs. 1000) ppm PEL in polymer plants	Ψ110,000
Pesticide		≤ \$0
	Ban chlorobenzilate pesticide on noncitrus	≤ \$0 ≤ \$0
	Ban amitraz pesticide on apples	\$350,000
	Ban amitraz pesticide on pears	\$1,200,000
713	Ban chlorobenzilate pesticide on citrus	ψ1, <b>2</b> 00,000
	a control at paper mills	≤ \$0
	Chloroform emission standard at 17 low cost pulp mills	\$25,000
844	Chloroform private well emission standard at 7 papergrade sulfite mills	\$620,000
844	Chloroform private well emission standard at 7 pulp mills	\$990,000
844	Chloroform reduction by replacing hypochlorite with chlorine dioxide at 1 mill Dioxin emission standard of 5 lbs/air dried ton at pulp mills	\$4,500,000
844	Dioxin emission standard of 3 los/air dried ton at pulp mills  Dioxin emission standard of 3 (vs. 5) lbs/air dried ton at pulp mills	\$7,500,000
844	Chloroform emission standard of 0.001 (vs. 0.01) risk level at pulp mills	\$7,700,000
844	Chloroform reduction by replace hypochlorite with chlorine dioxide at 70 mills	\$8,700,000
844 844	Chloroform reduction at 70 (vs. 33 worst) pulp and paper mills	\$15,000,000
844	Chloroform reduction at 33 worst pulp and paper mills	\$57,000,000
844	Chloroform private well emission standard at 48 pulp mills	\$99,000,000,000
Radiatio	n control	
468	The state of the s	\$23,000
881	Radionuclide emission control at underground uranium mines	\$79,000
881	Radionuclide emission control at Department of Energy facilities	\$730,000
1216	Radionuclide control via best available technology in uranium mines	\$850,000
44	Radiation standard "as low as reasonably achievable" for nuclear power plants	\$1,100,000
468	Radiation levels of 0.3 (vs. 1.0) WL at uranium mines	\$1,600,000
1215	Radiation standard "as low as reasonably achievable" for nuclear power plants	\$2,500,000
881	Radionuclide emission control at surface uranium mines	\$3,900,000
881	Radionuclide emission control at elemental phosphorous plants	\$9,200,000 \$11,000,000
881	Radionuclide emission control at operating uranium mill tailings	\$11,000,000 \$16,000,000
1216	Radionuclide control via best available technology in phosphorous mines	\$29,000,000
881	Radionuclide emission control at phosphogypsum stacks	\$40,000,000
881	Radionuclide emission control during disposal of uranium mill tailings piles	\$100,000,000
1216	Rdiation emission standard for nuclear power plants	\$180,000,000
468	Radiation emission standard for nuclear power plants	\$190,000,000
926	Thin, flexible, protective leaded gloves for radiologists	\$260,000,000
881	Radionuclide emission control at coal-fired industrial boilers	\$2,400,000,000
881	Radionuclide emission control at coal-fired utility boilers	\$2,600,000,000
881	Radionuclide emission control at NRC-licensed and non-DOE facilities	\$2.000.000.000

o.a Life-s	saving intervention <sup>b</sup>	Cost/life-y
Radon c	ontrol	
1266	Radon remediation in homes with levels ≥ 21.6 pCi/L	\$6,100
1267	Radon remediation in homes with levels ≥ 8.11 pCi/L	\$35,000
1030	Radon limit after disposal of uranium mill tailings of 20 (vs. 60) p(i/m2s)	\$49,000
1265	Radon remediation in homes with levels ≥ 4 pCi/L	\$140,000
1030	Radon limit after disposal of uranium mill tailings of 2 (vs. 6) p(i/m2s)	\$260,000
881	Radon emission control at Department of Energy facilities	\$5,100,000
SO2 con 923	ntrol SO2 controls by installation of capacity to desulphurize residual fuel oil	≤ \$0
Trichlore 1215	oethylene control Trichloroethylene standard of 2.7 (vs. 11) microgram/L in drinking water	\$34,000,000
Vinyl ch	aloride control	
881	Vinyl chloride emission control at EDC/VC and PVC plants	\$1,600,000
718	Vinyl chloride emission standard	\$1,700,000
VOC co		0.440.000
1122	South Coast of California ozone control program	\$610,000
	ontrol, miscellaneous  Process safety standard for management of hazardous chemicals	\$77,000
125	Process safety standard for management of nazardods enterments	•,
	Medicine	
Alpha a	ntitrypsin replacement therapy	* \$31,000
	Alpha antitrypsin replacement (vs. med) therapy for smoking men age 70	\$36,000
1004	Alpha antitrypsin replacement (vs. med) therapy for smoking women age 40	\$56,000
1004	Alpha antitrypsin replacement (vs. med) therapy for nonsmoking women age 30	\$80,000
1004	Alpha antitrypsin replacement (vs. med) therapy for nonsmoking men age 60	\$60,000
Beta-blo	ocker treatment following myocardial infarction	
952	Beta blockers for myocardial infarction survivors with no angina or hypertension	\$360
	Beta-blockers for myocardial infarction survivors	\$850
176	Beta-blockers for high-risk myocardial infarction survivors	. \$3,000
176	Beta-blockers for low-risk myocardial infarction survivors	\$17,000
Breast c	ancer screening	
	Mammography for women age 50	\$810
283	Mammography every 3 years for women age 50-65	\$2,700
658	Annual mammography and breast exam for women age 35-49	\$10,000
658	Annual physical breast cancer exam for womena age 35-49	\$12,000
611	Annual mammography and breast exam (vs. just exam) for women age 40–64	\$17,000
1230	Annual mammography and breast exam for women age 40–49	\$62,000
1230	Annual mammography and breast exam (vs. just exam) for women age 40–49	\$95,000
86		\$110,000
1230	Annual mammography (vs. current screening practices) for women age 40–49	\$190,000
Breast o	cancer treatment	
1238	Postsurgical chemotherapy for premenopausal women with breast cancer	\$18,000
1238	Postsurgical chemotherapy for women with breast cancer age 60	\$22,000
1269	Bone marrow transplant and high (vs. standard) chemotherapy for breast cancer	\$130,000
Cervica	l cancer screening	
1316	Cervical cancer screening every 3 years for women age 65+	≤ \$0
120	Cervical cancer screening every 9 (vs. 10) years for women age 30-39	\$410
618	One time mass screening for cervical cancer for women age 38	\$1,200
1316	Cervical cancer screening every 5 years for women age 65+	\$1,900
1210		\$2,100

APPENDIX A. Continued.			
		Cost/life-yea	
10.4 Life-saving intervention <sup>b</sup>	for woman age 30–39	\$2,300	
- 1 remoor screening every 2 (VS, 3) year	ars for women age 55+	\$2,800	
		\$4,100	
		\$5,000	
	1-3CICCION POUL	\$11,000	
		\$12,000	
Carvical cancer screening every 4 years (vs.	Hever) for warming	\$13,000	
		\$32,000	
		\$41,000	
		\$49,000	
t / veets cetuical called a	CICCINIS 101	\$50,000	
t '1 concer coreening for Wollies	ll Occiming at a g	\$82,000	
t '1 concer coreening in while	li ocenime a	\$220,000	
	cals for women -g	\$220,000	
		\$310,000	
		\$1,500,000	
81 Cervical cancer screening every 2 (vs. 5) 5 8 81 Annual (vs. every 2 years) cervical cancer s	screening for women age 20		
		≤ \$0	
Childhood immunization 65 Immunization for all infants and pre-school	children (vs. scattered efforts)	≤ \$0	
n the diphtheria and tetanus (VS. Just u	iiphuicha and re-	≤ \$0	
and mibella immilitization	n for children	≤ \$0	
tor children ave U-4		≤ \$0	
one Puballa vaccination for children age 2		≤ \$0	
812 Rubella vaccination for children age 2 1178 National measles eradication program for c	children	ě	
		\$4,600	
Cholesterol screening for boys age 10 and 605 Cholesterol screening for boys age 10 and	their first-degree relatives	\$6,500	
605 Cholesterol screening for boys age 10 Cholesterol screening for boys age 10		,	
		≤ \$0	
Cholesterol treatment  1071 Lovastatin for men age 35–54 with heart of	disease and ≥ 250 mg/dL	\$12,000	
1071 Lovastatin for men age 33–34 with heart	180 mg/dL	\$19,000	
785 Low-cholesterol diet for men age 60 and 1	100 mg	\$20,000	
2 Low-cholesterol diet for men age 30 1071 Lovastatin for men age 55–64 with heart	disease and < 250 mg/dL	\$24,000	
1071 Lovastatin for men age 55-64 with heart	re 48 and > 265 mg/dL	\$26,000	
791 Oat bran cholesterol reduction for men ag	for men age 60 and 300 mg/dL	\$31,000	
791 Oat bran cholesterol reduction for hier ag 785 Lovastatin/low cholesterol diet (vs. diet) f 785 Cholestyramine/low cholesterol diet (vs. diet) robbe	Hier) for men age 60 and 300 mg/dL	\$31,000 \$34,000	
785 Cholestyramine/low cholesterol diet (vs. 6	net) for men age and ≥ 300 mg/dL		
1071 Lovastatin for men age 45–54 with no ne	diet) for age 35–39 and 290 mg/dL	\$100,000	
1071 Lovastatin for men age 45–54 with no net 768 Cholestyramine/low cholesterol diet (vs.	diet) for men age 50–54 and 290 mg/dL	\$150,000	
768 Cholestyramine/low cholesterol diet (vs. 6 768 Cholestyramine/low cholesterol diet (vs. 6	(16t) for mon ago of	\$160,000	
791 Cholestyramine for men age 48 and > 20	shelestyramine) age 35–39 290 mg/dL	\$200,000	
791 Cholestyramine for men age 48 and 20 Cholestyramine/low cholesterol diet (vs. 6 Cholestyramine/low cholesterol diet (vs. 6 Cholestyramine/low cholesterol diet (vs. 6 Cholestyramine/low cholesterol)	1la above the 95th percentile	\$230,000	
Chalastyramine for men with cholesteror	icvels above and	\$360,000	
		\$360,000	
		\$920,000	
		\$1,200,000	
		\$1,300,000	
1071 Lovastatin for women age 35–44 With Re 785 Cholestyramine/low cholesterol diet (vs. 785 Cholestyramine/low cholesterol diet (vs.		\$1,800,000	
785 Cholestyramine/low cholesterol diet (vs.	<u>,</u>		
Clinical trials	at diet in reducing breast cancer	\$18,000 \$53,000	
traith Trial to evaluate 10W-1	in replacement therapy	\$33,000	
1004 Clinical trial to evaluate alpha antitrypsi	m replacement servery		
Colorectal screening	1. 200 55 1	≤ \$0	
1 1 -1 mining colon cancer screet	ning for people age 33+	\$660	
96 One stool gualac colon cancer screening	g for people age 40+	\$1,300	
520 One hemoccult screening for colorectar	cancer for asymptotic	\$4,500	
		\$90,000	
		\$26,000,000	
1135 Colonoscopy for colorectal cancer server 96 Six (vs. five) stool guaiacs colon cancer	r screening for people age 40+		

o.a Life-	saving intervention <sup>b</sup>	Cost/life-year
Coronar	y artery bypass graft surgery (CABG)	
	Left main coronary artery bypass graft surgery (vs. medical management)	\$2,300
99	Left main coronary artery bypass graft surgery (vs. medical management)	\$5,600
99	3-vessel coronary artery bypass graft surgery (vs. medical management)	\$12,000
	3-vessel coronary artery bypass graft surgery (vs. PTCA) for severe angina	\$23,000
	2-vessel coronary artery bypass graft surgery (vs. medical management)	\$28,000
	2-vessel coronary artery bypass graft surgery (vs. medical management)	\$75,000
1200	3-vessel coronary artery bypass graft surgery (vs. PTCA) for mild angina	\$100,000
1200	2-vessel coronary artery bypass graft surgery (vs. PTCA) for severe angina	\$430,000
_	d alcohol treatment	
	Occupational assistance programs for working problem-drinkers	≤ \$0
	Detoxification for heroin addicts	≤ \$0
650	Methadone maintenance for heroin addicts	≤ \$0
650	Narcotic antagonists for heroin addicts	≤ \$0
	ncy vehicle response	\$20
	Defibrillators in emergency vehicles for resuscitation after cardiac arrest	\$39 \$300
	Defibrillators in emergency vehicles staffed with paramedics (vs. EMTs)  Defibrillators in ambulances for resuscitation after cardiac arrest	\$390 \$460
		\$400 \$820
	Emergency vehicle response for cardiac arrest Advanced life support paramedical equipped vehicle	\$5,400
	Advanced the support parametrical equipped vehicle  Advanced resuscitative care (vs. basic emergency services) for cardiac arrest	\$27,000
237 175	Combined emergency medical services for coordinated rapid response	\$120,000
		<b>\$120,000</b>
	testinal screening and treatment Sclerotherapy (vs. medical therapy) for esophageal bleeding in alcoholics	≤ \$0
578	Truss (vs. elective inguinal herniorrhaphy) for inguinal hernia in elderly patients	- f0
148	Expectant management of silent gallstones in men age 30	• ≤ \$0 ≤ \$0
352		≤ \$0 ≤ \$0
797	Home (vs. hospital) parenteral nutrition for patients with acute loss of bowels	≤ \$0 ≤ \$0
797	Home parenteral nutrition for patients with acute loss of bowels	≤ \$0 ≤ \$0
584	Pre-operative total parenteral nutrition in gastrointestinal cancer patients	\$6,600
235	Ulcer therapy (vs. surgery) for duodenal ulcers  Medical or guariest treatment for advanced compared compared.	\$12,000
577	Medical or surgical treatment for advanced esophageal cancer	· · · · · · · · · · · · · · · · · · ·
587	Surgery for liver cirrhosis patients with acute variceal bleeding	\$17,000 \$41,000
1046	Ulcer (vs. symptomatic) therapy for episodic upper abdomen discomfort	-
1067	Misoprostol to prevent drug-induced gastrointestinal bleed in at-risk patients Medical management for liver cirrhosis patients with acute variceal bleeding	\$47,000 \$61,000
587		\$210,000
1067	Misoprostol to prevent drug-induced gastrointestinal bleed	
1046 1046	Upper gastrointestinal X-ray and endoscopy (vs. ulcer therapy) for gastric cancer Upper gastrointetinal X-ray and endoscopy (vs. antacids) for gastric cancer	\$300,000 \$420,000
Heart di	sease screening and treatment, miscellaneous	
518	Exercise stress test for asymptomatic men age 60	\$40
358	Pacemaker implant (vs. medical management) for atrioventricular heart block	\$1,600
251	Reconstruct mitral valve for symptomatic mitral valve disease	\$6,700
350	Exercise stress test for age 60 with mild pain and no left ventricular dysfunction	\$13,000
990	Implantable cardioverter-defibrillator (vs. medical therapy) for cardiac arrest	\$23,000
1066	Coronary angiogaphy (vs. medical therapy) in men age 45-64 with angina	\$28,000
346	Regular leisure time physical activity, such as jogging, in men age 35	\$38,000
251	Replace (vs. reconstruct) mitral valve for symptomatic mitral valve disease	\$150,000
	nsplantation	
544	Heart transplantation for patients age 55 or younger and favorable prognosis	\$3,600
835	Heart transplantation for patients age 50 with terminal heart disease	\$100,000
	OS screening and prevention	
	Voluntary (vs. limited) screening for HIV in female drug users and sex partners	≤ \$0
1097	Screen blood donors for HIV	\$14,000
1100	Screen donated blood for HIV with an additional FDA-licensed test	\$880,000

o	oving intervention	Cost/life-ye
	aving intervention <sup>b</sup> Universal (vs. category-specific) precautions to prevent HIV transmission	\$890,000
HIV/AID	S treatment	≤ \$0
1199	Zidovudine for asymptomatic HIV+ people	\$16,000
1121	Oral dapsone for prophylaxis of PCP in HIV+ people	\$20,000
1121	Aerosolized pentamidine for prophylaxis of PCP in HIV+ people	\$26,000
1096	AZT for people with AIDS	\$41,000
1264	Prophylactic AZT following needlestick injury in health care workers	\$45,000
1117	Zidovudine for asymptomatic HIV+ people	
Hormone	replacement therapy	≤ \$0
227	Estrogen for menopausal women age 50	\$15,000
748	Estrogen-progestin for symptomatic monopausal women age 50	\$26,000
748	Estrogen for symptomatic menopausal women age 50	\$30,000
748	Estrogen-progestin for 15 years in asymptomatic menopausal women age 50	\$32,000
748	Estrogen-progestin for 5 years in asymptomatic menopausal women age 50	\$36,000
90	Estrogen for post-menopausal women age 55-70	\$42,000
227	Estrogen for menopausal women age 50	\$77,000
90	Estrogen for asymptomatic post-menopausal women age 50–65	\$81,000
90	Estrogen for symptomatic post-menopausal women age 30–63	\$89,000
748	Estrogen for asymptomatic menopausal women age 50	\$120,000
244	Hormone replacement for asymptomatic perimenopausal white women age 30	\$130,000
227	Estrogen-progestin for post-menopausal women age 60	\$250,000
90	Estrogen for asymptomatic post-menopausal women age 55–70	<b>43</b>
Hyperte	nsion drugs	\$3,800
225	Antihypertensive drugs for men age 25+ and 125 mining	\$4,700
225	A well-amortongive drugs for men age 25+ and 85 mmHg	\$14,000
1068	Beta-blockers for hypertensive patients age 35–64 no heart disease and 2.93 mining	\$16,000
91	Anthypertensive drugs for patients age 40 and ≥ 105 mmHg	\$32,000
91	Antihypertensive drugs for patients age 40 and 95–104 mining	\$93,000
1068	Captopril for people age 35–64 with no heart disease and ≥ 95 mmHg	Ψ,5,000
Hyperte	ension screening	\$5,000
111	Hypertension screening for Black men age 55–64 and ≥ 90 mmHg	\$5,200
761	Hypertension screening for men age 45–54	\$6,500
111	Hypertension screening for White men age 45–54 and ≥ 90 mmHg	\$8,400
111	for Disele women age 45-34 and < 90 illimits	\$11,000
1202	· · · · · · · · · · · · · · · · · · ·	\$17,000
1202	:	\$23,000
1202	· · · · · · · · · · · · · · · · · · ·	\$31,000
761	s vices for men age 33-64	\$36,000
1202	Hypertension screening for asymptomatic women age 40	·
1202	Hypertension screening for White women age 18–24 and ≥ 90 mmHg	\$37,000 \$48,000
1200	Hypertension screening for asymptomatic men age 20	\$87,000
1202	· · · · · · · · · · · · · · · · · · ·	\$67,000
TTto-	potomy to prevent uterine cancer	≤ \$0
751	No Hysterectomy without conherectomy for asymptomatic women age 33	\$51,000
731	Hysterectomy with oopherectomy for asymptomatic women age 40	
75°		\$230,000
	za vaccination	\$140
11111461	5 Influenza vaccination for all citizens	\$570
45	6 Influenza vaccination for high risk people	\$1,300
15	6 Influenza vaccination for people age 5+	\$1,500
Tutons	iva core	\$390
mens	2. Coronary care unit for patients under age 65 with cardiac arrest	\$490
	5 Intensive care for young nationts with harbiturate overtuose	\$3,100
12	Intensive care for young patients with barbitative every distress syndrome  Intensive care and mechanical ventilation for acute respiratory distress syndrome	\$3,100

.a Life-sav	ring intervention <sup>b</sup>	Cost/li
125 I	ntensive care for young patients with polyradiculitis	\$3,600
	ntensive care and mechanical ventilation for acute respiratory failure	\$4,700
	ntensive care for unstable patients with unpredictable clinical course	\$21,000
	ntensive care for patients with heart disease and respiratory failure	\$21,000
	ntensive care for patients with multiple trauma	\$26,000
	Coronary care unit for emergency patients with acute chest pain	\$250,000
	ntensive care for very ill patients undergoing major vascular surgery	\$300,000
	ntensive care for very ill patients with operative complications	\$390,000
	ntensive care for seriously ill patients with multiple trauma	\$460,000
	ntensive care for very ill patients undergoing neurosurgery for head trauma	\$490,000
	ntensive care for men with advanced cirrhosis, kidney and liver failure	\$530,000
	ntensive care for very ill patients with emergency abdominal catastrophes	\$660,000
	ntensive care for very ill patients undergoing neoplastic disease operations	\$820,000
	ntensive care for very ill patients undergoing major vascular operations	\$850,000
	ntensive care for very ill patients with gastrointestinal bleeding, cirhosis etc.	\$950,000
Leukemia 1	reatment and infection control	
1095 E	one marrow transplant (vs. chemotherapy) for acute nonlymphocytic leukemia	\$12,000
1095 B	one marrow transplant for acute nonlymphocytic leukemia in adults	\$20,000
1095 C	hemotherapy for acute nonlymphocytic leukemia in adults	\$27,000
672 T	herapeutic leukocyte transfusion to prevent infection during chemotherapy	\$36,000
	rophylactic (vs. therapeutic) leukocyte transfusion to prevent infection	\$210,000
1239 In	ntravenous immune globulin to prevent infections in leukemia patients	\$7,100,000
	atensive care	
	eonatal intensive care for infants weighing 1000–1499 grams	\$5,700
	leonatal intensive care for infants weighing 751-1000 grams	\$5,800
335 N	leonatal intensive care for infants weighing 500-999 grams	<ul><li>\$18,000</li></ul>
1249 N	deonatal intensive care for low birth weight infants	\$270,000
Newborn s	<del>-</del>	
	KU genetic disorder screening in newborns	≤ \$0
	ongenital hypothyroidism screening in newborns	≤ \$0
	ickle cell screening for Black newborns	\$240
1141 S	ickle cell screening for non-Black high risk newborns	\$110,000
1141 S	ickle cell screening for newborns	\$65,000,000
1141 S	ickle cell screening for non-Black low risk newborns	\$34,000,000,000
	health services	<b>#</b> 2 400
	pecial supplemental food program for women, infants, and children	\$3,400
	omprehensive (vs. fragmented) health care services	\$5,700
	omprehensive (vs. fragmented) health care services for mothers and children	\$11,000
	rganized family planning services for teenagers	\$16,000
	o cost-sharing (vs. cost sharing) for health care services	\$74,000
	ommunity health care services for women and infants	\$100,000
	is screening  one mass consening and treat if $< 0.0 \text{ g/(am)}^2$ for parimenenessal woman aga 50.	Ø17.000
	one mass screening and treat if $< 0.9 \text{ g/(cm)}^2$ for perimenopausal women age 50	\$13,000
	one mass screening and treat if $< 1.0 \text{ g/(cm)}^2$ for perimenopausal women age 50	\$18,000
	one mass screening and treat if $< 1.1 \text{ g/(cm)}^2$ for perimenopausal women age 50	\$41,000
	is transluminal coronary angioplasty (PTCA) TCA (vs. medical management) for men age 55 with severe angina	\$5,300
	TCA (vs. medical management) for men age 55 with severe angina	\$3,300 \$7,400
	TCA (vs. medical management) for men age 55 with mild angina	
	TCA (vs. medical management) for men age 55 with mild angina TCA (vs. medical management) for men age 55 with mild angina	\$24,000 \$110,000
	vaccination	
	neumonia vaccination for people age 65+	\$1,800
	neumonia vaccination for people age 65+	\$2,000
702		<b>4-,000</b>

Life-sa	ving intervention <sup>b</sup>	Cost/life-ye
693	Pneumonia vaccination for people age 65+	\$2,200
812	Pneumonia vaccination for high risk immunodeficient people age 65+	\$6,500
812	Pneumonia vaccination for people age 45–64	\$10,000
782	Pneumonia vaccination for high risk people age 25-44	\$14,000
812	Pneumonia vaccination for high risk immunodeficient people age 45-64	\$28,000
782	Pneumonia vaccination for low risk people age 25-44	\$66,000
782	Pneumonia vaccination for children age 2–4	\$160,000
347	Pneumonia vaccination for children age 2–4	\$170,000
693	Pneumonia vaccination for children age 2–4	\$170,000
Prenatal c	are	
1253	Term guard uterine activity monitor (vs. self-palpation) to detect contractions	≤ \$0
924	Financial incentive of \$100 to seek prenatal care for low risk women	≤ \$0
1250	Universal (vs. existing) prenatal care for women with < 12 years of education	≤ \$0
1250	Universal (vs. existing) prenatal care for women with > 12 years of education	≤ \$0
1250	Universal (vs. existing) prenatal care for women with 12 years of education	≤ \$0
1251	Prenatal screening for hepatitis B in high risk women	≤ \$0
1220	Brady method screening for group B streptococci colonization during labor	≤ \$0
	Prenatal care for pregnant women	≤ \$0
340	Antepartum Anti-D treatment for Rh-negative primiparae pregnancies	\$1,100
	Prenatal care for pregnant women	\$2,100
1249	Antepartum Anti-D treatment for Rh-negative multiparae pregnancies	\$2,900
340 1220	Isada method screening for group B streptococci colonization during labor	\$5,000
Renal dia		•
On1	Home dialysis for chronic end-stage renal disease	\$20,000
1040	Home dialysis for end-stage renal disease	\$22,000
1049	Home dialysis for end-stage renal disease	\$23,000
157	Home dialysis for people age 45 with chronic renal disease	\$24,000
139	Home dialysis for people age 64 or younger with chronic renal disease	\$25,000
419	Home dialysis for people age of or younger with chronic renar disease	\$31,000
1049	Hospital dialysis for end-stage renal disease	\$32,000
418	Home dialysis for people age 55–60 with acute renal failure	\$38,000
357	Dialysis for people age 35 with end-stage renal disease	\$42,000
419	Hospital dialysis for people age 55-64 with chronic renal failure	\$46,000
689	Home dialysis for end-stage renal disease	
418	Hospital dialysis for people age 55-60 with acute renal failure	\$47,000
342	Dialysis for end-stage renal disease	\$51,000
1049	Center dialysis for end-stage renal disease	\$55,000
1050	Center dialysis for end-stage renal disease	\$63,000
157	Center dialysis for end-stage renal disease	\$64,000
139	Center dialysis for people age 45 with chronic renal disease	\$67,000
801	Center dialysis for end-stage renal disease	\$68,000
689	Center dialysis for end-stage renal disease	\$71,000
342	Hospital dialysis for end-stage renal disease	\$74,000
689	Home dialysis (vs. transplantation) for end-stage renal disease	\$79,000
Renal di	alysis and transplantation	<b>#40.000</b>
689	Home dialysis then transplant for end-stage renal disease	\$40,000
689	Hospital dialysis then transplant for end-stage renal disease	\$46,000
Renal tra	ansplantation and infection control	#2.500
1065	Cytomegalovirus immune globulin to prevent infection after renal transplant	\$3,500
1065	Cytomegalovirus immune globulin to prevent infection after renal transplant	\$14,000
157	Kidney transplant for end-stage renal disease	\$17,000
419	Kidney transplant and dialysis for people age 15-34 with chronic renal failure	\$17,000
139	Kidney transplant for people age 45 with chronic renal disease	\$19,000
1050	Kidney transplant from live-related donor for end-stage renal disease	\$19,000
357	Kidney transplant from cadaver with cyclosporine (vs. azathioprine)	\$27,000
331	Kidney transplant from cadaver with cyclosporine	\$29,000
357		\$29,000

Ref no.a Life-	saving intervention <sup>b</sup>	Cost/life-year
1065	Cytomegalovirus immune globulin to prevent infection after renal transplant	\$200,000
Smoking	g cessation advice	
1185	Smoking cessation advice for pregnant women who smoke	≤ \$0
952	Smoking cessation among patients hospitalized with myocardial infarction	≤ \$0
773	Smoking cessation advice for men age 50–54	\$990
773	Smoking cessation advice for men age 45–49	\$1,100
773	Smoking cessation advice for men age 35–39	\$1,400
773	Smoking cessation advice for women age 50–54	\$1,700
773	Smoking cessation advice for women age 45–49	\$1,900
773	Smoking cessation advice for women age 35–39	\$2,900
771	Nicotine gum (vs. no gum) and smoking cessation advice for men age 45–49	\$5,800
119	Nicotine gum (vs. no gum) and smoking cessation advice for men age 35–69	\$7,500
771	Nicotine gum (vs. no gum) and smoking cessation advice for men age 65–69	\$9,100
771		\$9,700
86	Smoking cessation advice for people who smoke more than one pack per day	\$9,800
119	Nicotine gum (vs. no gum) and smoking cessation advice for women age 35–69	\$11,000
771	Nicotine gum (vs. no gum) and smoking cessation advice for women age 65–69	\$13,000
Tubercu	losis treatment	
784	Isoniazid chemotherapy for high risk White male tuberculin reactors age 20	≤ \$0
784	Isoniazid chemotherapy for low risk White male tuberculin reactors age 55	\$17,000
Venous	thromboembolism prevention	
230	Heparin (vs. anticoagulants) to prevent venous thromboembolism	≤ \$0
769	Compression stockings to prevent venous thromboembolism	≤ \$0
770	Compression stockings to prevent venous thromboembolism	≤ \$0
770	Heparin to prevent venous thromboembolism	≤ \$0
770	Heparin and dihydroergotamine to prevent venous thromboembolism	≤ \$0
770	Intermittent pneumatic compression to prevent venous thromboembolism	• ≤ \$0
770	Heparin and stockings to prevent venous thromboembolism	≤ \$0
770	Warfarin sodium to prevent venous thromboembolism	≤ \$0
769	Intermittent pneumatic compression and stockings to prevent thromboembolism	\$400
230	Dextran (vs. anticoagulants) to prevent venous thromboembolism	\$640
769	Heparin to prevent venous thromboembolism	\$960
769	Heparin and stockings to prevent venous thromboembolism	\$1,000
769	Heparin and dihydroergotamine to prevent venous thromboembolism	\$1,700
769	Intermittent pneumatic compression to prevent venous thromboembolism	\$2,400
787	Heparin, 1 day, for women with prosthetic heart valves undergoing surgery	\$5,100
769	Heparin/dihydroergotamine (vs. stockings) to prevent venous thromboembolism	\$42,000
787	Heparin, 3 days, for women with prosthetic heart valves undergoing surgery	\$4,300,000
Medicin	e miscellaneous	
443	Broad-spectrum chemotherapy for cancer of unknown primary origin	≤ \$0
728	Cefoxitin/gentamicin (vs. ceftizoxime) for intra-abdominal infection	\$880
728	Mezlocillin/gentamicin (vs. ceftizoxime) for hospital acquired pneumonia	\$1,400
646	Computed tomography in patients with severe headache	\$4,800
709	Continuous (vs. nocturnal) oxygen for hypoxemic obstructive lung disease	\$7,000
906	Preoperative chest X-ray to detect abnormalities in children	\$360,000

<sup>&</sup>lt;sup>a</sup> Reference numbers correspond to records in the database and to the references listed in Appendix B.

<sup>&</sup>lt;sup>b</sup> Due to space limitations, life-saving interventions are described only briefly. When the original author compared the intervention to a baseline of "the status quo" or "do nothing" the baseline intervention is omitted here. Other baseline interventions appear as "(vs. )." Cost-effectiveness estimates are based on the particular life-saving intervention, base case intervention, target population, data, and methods as detailed by the original author(s). It is suggested the reader review the original document to gain a full appreciation of the origination of the estimates.

c All costs are in 1993 U.S. dollars and were updated with the general consumer price index. To emphasize the approximate nature of estimates, they are rounded to two significant figures.